FORM D

327534

UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20

FORM D

NOTICE OF SALE OF SEC

PURSUANT TO REGULA **SECTION 4(6) AND/C**

UNIFORM LIMITED OFFERING



		Serial
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	1	
Date Received		
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	Date Received	Date Received

• · ·	is an amendment and name has changed, and indicate of in Limited Partnership Interests of ABS Capital Partnership	e ,
Filing Under (Check box(es) that apply Type of Filing: New Filing		☐ Section 4(6) ☐ ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about	out the issuer	
Name of Issuer (☐ Check if this is a ABS Capital Partners V-A, L.P.	in amendment and name has changed, and indicate char	nge.)
Address of Executive Offices 400 East Pratt Stret, Suite 910, Baltim	(Number and Street, City, State, Zip Coore, MD 21202-3116	ode) Telephone Number (Including Area Code) (410) 246-5000
Address of Principal Business Operation (if different from Executive Offices)	ons (Number and Street, City, State, Zip Co	de) Telephone Number (Including Area Code)
Brief Description of Business		
Investment Services		PROCESSED
		MAY 1 9 2005
Type of Business Organization corporation	En limited mentagenship, along the Comment	THORSE. THORSE.
business trust	 ☑ limited partnership, already formed ☐ limited partnership, to be formed 	other (please specify): #HOMSON
Actual or Estimated Date of Incorporal Jurisdiction of Incorporation or Organi	tion or Organization: ization: (Enter two-letter U.S. Postal Service abbreviation) CN for Canada; FN for other foreign jurisdiction	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter ■ Beneficial Owner □ Executive Officer □ Director ☑ General and/or Managing Partner Full Name (Last name first, if individual) ABS Partners V, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 400 East Pratt Street, Suite 910, Baltimore, MD 21202-3116 □ Director Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner □ Executive Officer □ General Partner of ABS Partners V, L.P. Full Name (Last name first, if individual) ABS Partners V, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 400 East Pratt Street, Suite 910, Baltimore, MD 21202-3116 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Full Name (Last name first, if individual) Hebb, Jr., Donald B. Business or Residence Address (Number and Street, City, State, Zip Code) 400 East Pratt Street, Suite 910, Baltimore, MD 21202-3116 Check Box(es) that Apply: □ Promoter ☐ Executive Officer ☐ Beneficial Owner □ Director □ Class A Member Full Name (Last name first, if individual) Weglicki, Timothy T. Business or Residence Address (Number and Street, City, State, Zip Code) 400 East Pratt Street, Suite 910, Baltimore, MD 21202-3116 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Full Name (Last name first, if individual) Clough, Phillip A. Business or Residence Address (Number and Street, City, State, Zip Code) 400 East Pratt Street, Suite 910, Baltimore, MD 21202-3116 Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☐ Executive Officer ☐ Director Full Name (Last name first, if individual) Stobo, Jr., John D. Business or Residence Address (Number and Street, City, State, Zip Code) 400 East Pratt Street, Suite 910, Baltimore, MD 21202-3116 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Full Name (Last name first, if individual) Emry, III, Frederic G.

(Number and Street, City, State, Zip Code)

☐ Beneficial Owner

□ Executive Officer

□ Director

Class A Member

Business or Residence Address (Number and Street, City, State, Zip Code)

□ Promoter

Business or Residence Address

Full Name (Last name first, if individual)

Check Box(es) that Apply:

Witt, Laura L.

400 East Pratt Street, Suite 910, Baltimore, MD 21202-3116

Check Box(es) that Apply:	□ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	
Full Name (Last name first, if it Manuel, Stephanie D.	ndividual)				
Business or Residence Address 400 East Bratt Street, Suite 910		er and Street, City, State, 2 202-3116	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Full Name (Last name first, if it Goswami, Ashoke	ndividual)				
Business or Residence Address	(Numb	er and Street, City, State, 2	(ip Code)		
	, Baltimore, MD 212				
	Baltimore, MD 212	Deneficial Owner	☐ Executive Officer	☐ Director	☑ Class A Member
Check Box(es) that Apply:	☐ Promoter		☐ Executive Officer	☐ Director	☑ Class A Member
Check Box(es) that Apply: Full Name (Last name first, if it Terkowitz, Ralph S. Business or Residence Address	☐ Promoter idividual) (Numb	☐ Beneficial Owner		Director	☑ Class A Member
Check Box(es) that Apply: Full Name (Last name first, if in Terkowitz, Ralph S. Business or Residence Address 400 East Pratt Street, Suite 910	☐ Promoter idividual) (Numb	☐ Beneficial Owner		☐ Director	☑ Class A Member ☑ Class A Member
400 East Pratt Street, Suite 910 Check Box(es) that Apply: Full Name (Last name first, if in Terkowitz, Ralph S. Business or Residence Address 400 East Pratt Street, Suite 910. Check Box(es) that Apply: Full Name (Last name first, if in Stevenson, Jr., James E.	Promoter (Numb. Baltimore, MD 212	☐ Beneficial Owner Beneficial Owner Grand Street, City, State, 202-3116	Zip Code)		

			: 1	B. INF	ORMATIC	N ABOU	r offeri	NG				<u></u>
1. Has the is:	suer sold, o	r does the is	ssuer intend	l to sell, to	non accredi	ted investo	rs in this of	fering?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			No ⊠
			Ans	wer also in	Appendix,	Column 2.	if filing und	ier ULOE.				
					.,	•	•					
2. What is th	_			•	from any ir	idividual?					\$ <u>5,000,</u>	
-			General Pa									No
3. Does the o	offering peri	mit joint ov	vnership of	a single un	it?					•••••	2	
4. Enter the remuneration agent of a bropersons to be Full Name (L	for solicita oker or deal listed are a ast name fi	tion of pure er registered ssociated p	chasers in c d with the S ersons of su	onnection v SEC and/or	vith sales of with a state	f securities or states, l	in the offer ist the name	ing. If a pe e of the bro	rson to be l ker or deale	isted is an r. If more	associate than five	d person or
Clifford, Bret												
Business or F 1 South Stree				treet, City,	State, Zip (Code)						
Name of Asse Deutsche Bar	ociated Bro nk Securitie	ker or Deal s, Inc.	er									
States in Whi			Solicited or Iividual Sta			hasers					F24	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	(SC)	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L				[17]	[01]		L'AJ	["A]		[,,,]	[1,1]	[110]
Business or R	lesidence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)		-				
Name of Asso	ociated Bro	ker or Deal	er	<u> </u>						· -		_
		·										
States in Whi			Solicited or lividual Sta								_	All States
[AL]	All State 0	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	{GA}	[HI]	ID]
[IL]	(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
(MT)	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
										. ,		
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

and already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 0	\$_0
Equity		
	\$ <u></u>	<u> </u>
□ Common □ Preferred		
Convertible Securities (including warrants)		\$ <u>0</u>
Partnership Interests		\$ <u>3,525,000</u>
Other (Specify)	\$ <u>0</u>	\$_0
Total	\$ <u>7,500,000</u>	\$ <u>3,525,000</u>
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	15	\$ 3,525,000
Non-accredited Investors		\$_0
Total (for filings under Rule 504 only)		\$ <u>N/A</u>
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505	N/A	\$ <u>N/A</u>
Regulation A	<u>N/A</u>	\$ <u>N/A</u>
Rule 504	<u>N/A</u>	\$ <u>N/A</u>
Total	N/A	\$ <u>N/A</u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$ <u>N/A</u>
Printing and Engraving Costs		\$2,000
Legal Fees		\$10,000
Accounting Fees		S N/A
Engineering Fees	1	\$ N/A
Sales Commissions (specify finders' fees separately)		\$ <u>N/A</u>
Other Expenses (identify) Blue Sky, Administrative Fees. Misc.		8 \$8,000
Total		\$20,000_

1 and total expenses furnished in re	ggregate offering price given in response to Part C - Question sponse to Part C - Question 4.a. This difference is the ler."					\$7,480,000
used for each of the purposes shown. estimate and check the box to the left	sted gross proceeds to the issuer used or proposed to be If the amount for any purpose is not known, furnish an of the estimate. The total of the payments listed must equal er set forth in response to Part C - Question 4.b above.			ments to		
			D	fficers, irectors, & ffiliates		Payments To Others
Salaries and fees		⋈	\$	*		\$ <u>0</u>
Purchase of real estate			\$	0		\$0
Purchase, rental or leasing and inst	tallation of machinery and equipment		\$	00		\$0
Construction or leasing of plant bu	uildings and facilities		\$	0		\$0
offering that may be used in excha	cluding the value of securities involved in this nge for the assets or securities of another	О	\$			\$ <u> 0 </u>
						\$ 0
				<u> </u>		\$ 0
		П	\$	0	Ø	\$ **
and the second s			\$			\$_**
Total Payments Listed (Column tot.	als added)			⊠ \$	7 <u>.48</u> 0	0.000
	D. FEDERAL SIGNATURE					
following signature constitutes an under	e signed by the undersigned duly authorized person. If this not staking by the issuer to furnish to the U.S. Securities and Exchay the issuer to any non-accredited investor pursuant to paragrap	nge C	omn	ission, up	on w	5, the ritten reques
uer (Print or Type)	Signature	T	Date	;		
S Capital Partners V-A, L.P.	The last of the la	1	Мау	12, 2005		
ne of Signer (Print or Type)	Title of Signer (Print or Type)					
•	Member of ABS Partners V, LLC, General Partner of the	_				

^{*} It is anticipated that the General Partner will receive a fee for management services (the "Management Fee") payable by ABS Capital Partners V-A, L.P., in advance, on the first day of each fiscal quarter, equal to a percentage (between 0.1875% and 0.50%), as specified in the Partnership Agreement multiplied by the Aggregate Capital Commitments of ABS Capital Partners V-A, L.P.

^{** \$7,480,000} minus the Management Fee

E. STATE SIGNATURE 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions Yes No \boxtimes See Appendix, Column 5, for state response. 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law. 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Signature Date ABS Capital Partners V-A, L.P. May 12, 2005

Partners V-A, L.P.

Member of ABS Partners V, LLC, General Partner of the General Partner of ABS Capital

Name of Signer (Print or Type)

Donald B. Hebb, Jr.

APPENDIX

1	to non-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
				Number of Accredited		Number of Non-Accredited				
State AL	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
AK							 			
AZ										
AR							 			
CA										
СО	 		<u> </u>							
СТ	 									
DE	 									
DC	<u> </u>									
FL										
GA										
HI	 									
ID										
IL	-									
IN										
lA										
KS										
KY										
LA										
ME										
MD		Х	L.P. Interests	12	\$2,825,000	0	\$0		Х	
MA										
MI										
MN										
MS										
МО										

APPENDIX

1	2 3 Type of								5 ification ate ULOE		
i I	investo	d to sell accredited rs in State 3-Item 1)	security and aggregate offering price offered in state (Part C Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			(if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МТ											
NE											
NV											
NH											
NJ											
NM											
NY											
NC											
ND											
ОН											
ОК											
OR											
PA											
RI											
SC											
SD											
TN											
TX											
UT			,								
VT											
VA		Х	L.P. Interest	1	\$250,000	0	\$0		Х		
WA											
WV											
WI											
WY											
PR											